2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 693547

1. Entity Name
SEABREEZE FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
510 OAKRIDGE BLVD. DAYTONA BEACH, FL 32118-3973 US	510 OAKRIDGE BLVD. DAYTONA BEACH, FL 32118-3973 US

DO NOT WRITE IN THIS SPACE

03292005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2111434	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MC CULLERS, JOHN
510 OAKRIDGE BLVD
DAYTONA BEACH, FL 32118-3973

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	ELLIS, SANDRA
STREET ADDRESS	510 OAKRIDGE BLVD.
CITY-ST-ZIP	DAYTONA BEACH, FL 321183973

TITLE	PD
NAME	MCCULLERS, JOHN
STREET ADDRESS	510 OAKRIDGE BLVD.
CITY-ST-ZIP	DAYTONA BEACH, FL 321183973

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

04/11/05-00022-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _John M'Cullen_   4/5/05   252-1183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #   X73